



News Flash – The revised “Clinical Laboratory Fee Schedule Fact Sheet” (January 2010), which provides general information about the Clinical Laboratory Fee Schedule, coverage of clinical laboratory services, and how payment rates are set, is now available in print format from the Centers for Medicare & Medicaid Services Medicare Learning Network. To place your order, visit <http://www.cms.gov/MLNGenInfo>, scroll down to “Related Links Inside CMS” and select “MLN Product Ordering Page.”

MLN Matters® Number: MM6964

Related Change Request (CR) #: 6964

Related CR Release Date: April 30, 2010

Effective Date: July 1, 2010

Related CR Transmittal #: R1963CP

Implementation Date: July 6, 2010

Changes to the Laboratory National Coverage Determination (NCD) Edit Software for July 2010

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare carriers, fiscal intermediaries (FIs), or Part A/B Medicare Administrative Contractors (A/B MACs) for clinical diagnostic laboratory services provided for Medicare beneficiaries may be impacted by this article.

What You Need to Know

This article is based on Change Request (CR) 6964 which announces the changes that will be included in the July 2010 release of Medicare’s edit module for clinical diagnostic laboratory National Coverage Determinations (NCDs). The last quarterly release of the edit module was issued in January 2010.

Background

The NCDs for clinical diagnostic laboratory services were developed by the laboratory negotiated rulemaking committee and published in a final rule on November 23, 2001. Nationally uniform software was developed and incorporated in Medicare’s systems so that laboratory claims subject to one of the 23 NCDs were processed uniformly throughout the nation effective July 1, 2003.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

In accordance with the Medicare Claims Processing Manual, Chapter 16, Section 120.2 (see <http://www.cms.gov/manuals/downloads/clm104c16.pdf> on the Centers for Medicare & Medicaid Services (CMS) website), the laboratory edit module is updated quarterly (as necessary) to reflect ministerial coding updates and substantive changes to the NCDs developed through the NCD process.

CR 6964 announces changes to the laboratory edit module for changes in laboratory NCD code lists for July 2010. These changes become effective for services furnished on or after July 1, 2010. The changes that are effective for dates of service on and after July 1, 2010 are as follows:

- ICD-9-CM codes V17.4 and V18.1 have been deleted from the list of non-covered ICD-9-CM codes for all 23 NCDs; and
- ICD-9-CM codes V17.41, V17.49, V18.11 and V18.19 have been added to the list of non-covered ICD-9-CM codes for all 23 NCDs.

Additional Information

If you have questions, please contact your Medicare MAC, carrier, or FI at their toll-free number which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website. The official instruction (CR6964) issued to your Medicare MAC, carrier, and/or FI may be found at <http://www.cms.gov/Transmittals/downloads/R1963CP.pdf> on the CMS website.

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